

April 12, 2006

TO PROVIDERS OF RFP #06-004-50, SHELBY COUNTY HEAD START COMMERCIAL AUTOMOBILE INSURANCE

Shelby County Government is soliciting proposals for the provision of commercial automobile insurance for the Shelby County Head Start Department. The RFP is located on the County's website at www.shelbycountyttn.gov. Go to Online Services and click on "Purchasing Bids" to locate the above-described RFP. If you do not have access to the Internet and require us to send you a hard copy of the RFP, please call us at (901) 545-4360 to request a copy.

The proposal, as submitted, should include all estimated costs related to the services requested in this RFP. If selected, your proposal will be the basis for negotiating a contract with Shelby County Government. Respondents requesting additional information or clarification are to contact Louise Horton, Finance Department, at (901) 901-545-3173 or louis.horton@shelbycountyttn.gov.

Proposals must be received in the office of the Administrator of Purchasing no later than 4:00 p.m. on Friday, May 19, 2006. Proposals should be addressed to:

**Phyllis Shrader, CPPO, CPPB
Shelby County Government
160 N. Main, Rm. 550
Memphis, TN 38103**

The package containing the original and four (4) copies of your proposal must be sealed and marked with the Proposer's name and "CONFIDENTIAL – SHELBY COUNTY HEAD START COMMERCIAL AUTOMOBILE INSURANCE, RFP# 06-004-50" noted on the outside.

Sincerely,

Signed Original on File

Phyllis Shrader, CPPO, CPPB
Shelby County Government Purchasing

ps

cc: Louise Horton, Finance Department

I. INTRODUCTION

The Shelby County Head Start Department (the “County”), is seeking proposals from interested and qualified firms to provide commercial automobile insurance coverage for the Shelby County Head Start Operation (the “Services”). This Request for Proposal (“RFP”) is being released to invite interested and qualified firms to prepare and submit proposals in accordance with instructions provided where one or more successful candidate(s) will be selected and invited to enter into a contractual relationship (the “Policy”) with Shelby County for the services outlined in this RFP. A resultant contract will be for a term of one (1) year(s) beginning July 1, 2006, and renewable for three (3) additional one-year terms. In this RFP, the terms Proposer and Provider are used interchangeably unless the context indicates otherwise.

II. MINIMUM PROPOSER REQUIREMENTS

All Proposers must:

1. Have sufficient staff or sub-consultants experienced in handling commercial automobile insurance policies and claims, particularly for a governmental entity.
2. Have at least three (3) years experience in the provision of commercial automobile insurance.
3. Have all appropriate licenses and certifications required in the State of Tennessee to perform the Services.

III. CORRESPONDENCE

All administrative correspondence, including proposals, and questions concerning the RFP are to be submitted to:

**Phyllis Shrader, CPPO, CPPB
Shelby County Government
160 N. Main St. Suite 550
Memphis, TN 38103
(901) 545-4352**

Questions relating to the detailed technical requirements of this RFP should be addressed to Louise Horton at (901) 901-545-3173 or louise.horton@shelbycountyn.gov.

IV. PROPOSAL SUBMISSION DEADLINE

All proposals must be received at the address listed above no later than 4:00 pm on Friday, May 19, 2006. Facsimile or electronically transmitted proposals will not be accepted since they do not contain original signatures. Postmarks will not be accepted in lieu of actual receipt. Late or incomplete proposals may not be opened and considered. Under no circumstances, regardless of weather conditions, transportation delays, or any other circumstance, will this deadline be extended.

V. PROPOSAL TIMELINE

Shelby County reserves the right to modify this timeline at any time. If the due date for proposals is changed, all prospective Proposers shall be notified.

Request for Proposals Released
Proposal Due Date
Notification of Award
Services to Commence

Wednesday, April 12, 2006
Friday, May 19, 2006 by 4:00 pm
Friday, June 26, 2006
July 1, 2006

The County may reproduce any of the Proposer's proposal and supporting documents for internal use or for any other purpose required by law.

VI. PROPOSAL CONDITIONS

Contingencies. This RFP does not commit the County to award a contract. The County reserves the right to accept or reject any or all proposals if the County determines it is in the best interest of the County to do so. The County will notify all Proposers, in writing, if the County rejects all proposals.

Modifications. The County reserves the right to issue addenda or amendments to this RFP.

Proposal Submission. To be considered, all proposals must be submitted in the manner set forth in this RFP. It is the Proposer's responsibility to ensure that its proposals arrive on or before the specified time.

Incurred Costs. This RFP does not commit the County to pay any costs incurred in the preparation of a proposal in response to this RFP and Proposers agree that all costs incurred in developing this RFP are the Proposer's responsibility.

Final Authority. The final authority to award a contract rests solely with the Shelby County Purchasing Department.

Proposal Validity. Proposals submitted hereunder will be firm for ninety (90) calendar days from the due date unless otherwise qualified.

VII. GENERAL REQUIREMENTS

GENERAL INFORMATION

- A. Insurer must be rated A- or better by A. M. Best & Co.
- B. Proposals may provide quotations for any optional coverage that are offered by the insurer providing the quote. Proposal should indicate the option and the additional premium, if any.
- C. Premium will be prepaid for the annual term. Premium financing or installment options are not required.
- D. Shelby County reserves the right to accept or reject in part or in aggregate any and all proposals in the best interest of Shelby County.
- E. Per Tennessee statute surplus lines insurance cannot be considered if the coverage is available from an insurer admitted in the State of Tennessee.
- F. Insurer and/or agent-broker will provide annual Loss Control Training for the transportation employees' in-service training held annually in August.

- G. Upon purchasing this coverage, Shelby County Government waives the tort liability limits as provided in the Governmental Tort Liability Act, T.C.A. 29-20-101 et seq.
- H. Proposals should list the premium for each vehicle and each coverage.
- I. Insurer will provide sixty (60) day notice of cancellation or non-renewal; ten (10) day notice of cancellation for non-payment of premium.

UNDERWRITING INFORMATION

- A. Insured: Shelby County Government, Division of Community Services DBA Shelby County Head Start. (Head Start is a department of the county government.) Mailing address: Attn: John D. Lovelace, 1991 Corporate Avenue, Suite 600, Memphis, TN 38132.
- B. Current Carrier and Policy Term: Philadelphia Indemnity Insurance Company 07/01/05-06
- C. Proposed term: 07/01/06-07/01/07; with option to renew for three additional one-year periods, upon agreement of both parties.
- D. Driver Information Schedule is attached.
- E. Vehicle Information - Application is attached providing details regarding each vehicle to quote for coverage. Schedule is subject to change.
- F. Loss Information – Attached.

COVERAGE INFORMATION

- A. Current Coverage:
 - 1. \$1,000,000 CSL Liability – Symbol 01
 - 2. \$5,000 Medical Payments – Symbol 02
 - 3. \$1,000,000 CSL Uninsured Motorists – Symbol 02
 - 4. \$1,000,000 CSL Underinsured Motorists – Symbol 02
 - 5. Physical Damage Comprehensive Coverage – Symbol 02
\$500 deductible on all vehicles
 - 6. Physical Damage Collision Coverage – Symbol 02
\$1,000 deductible on all vehicles
 - 7. Hired or Borrowed Covered Auto Coverage
State of Tennessee, Estimated Cost of Hire \$5,000
 - 8. Non-ownership liability – Number of employees 25

Scope of Contract

The County wishes to engage in a contractual relationship with the best-qualified Provider selected through a competitive process that will work well with the County in the performance of the Services in a manner that is cost-effective and practical. The Provider must be prepared to begin immediately upon receipt of a Notice to Proceed.

Purpose

To select the best-qualified firm and award a County-approved contract for professional services to perform the Services and to satisfactorily complete all activities associated with the Services.

Reservation of Rights

- a. The County reserves the right, for any reason to accept or reject any one or more proposals, to negotiate the term and specifications for the services provided, to modify any part of the RFP, or to issue a new RFP.
- b. The County may at any reasonable time, at its expense, make an audit of the Provider's books relative to the Accounts.

Award of Contract

Proposers are advised that the lowest cost proposal will not necessarily be awarded the Contract, as the selection will be based upon qualification criteria as deemed by the County and as determined by the selection committee and the County Mayor.

IX. PROPOSAL SUBMISSION

A. General

1. All interested and qualified Proposers are invited to submit a proposal for consideration. Submission of a proposal indicates that the Proposer has read and understands this entire RFP, including all attachments, exhibits, schedules, and addendum (as applicable,) and all concerns regarding this RFP have been satisfied.
2. Proposals must be submitted in the format described below. Proposals are to be prepared in such a way as to provide a straightforward, concise description of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, etc. are neither necessary nor desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content.
3. Proposals must be complete in all respects as required in this section. A proposal may not be considered if it is conditional or incomplete.
4. **Proposals must be received by no later than 4:00 pm on Friday, May 19, 2006, at Shelby County Government Purchasing Department, 160 N. Main St., Suite 550, Memphis, TN 38103.**

5. Proposer agrees to provide County with any additional information it deems necessary to accurately determine ability to perform the services proposed. Furthermore, submission of this proposal constitutes permission by this organization for the County to verify all information contained in the proposal. Failure to comply with any request for additional information may disqualify this organization from further consideration. Such additional information may include evidence of financial ability to perform.

B. Proposal Presentation

1. An original and six (6) copies of the written proposal are required.
2. The package containing the original and copies must be sealed and marked with the Proposer's name and **"SHELBY COUNTY HEAD START COMMERCIAL AUTOMOBILE INSURANCE, RFP #06-004-50."**
3. Proposers must be in ink. Erasures and "white-out" are not permitted. Mistakes may be crossed out, corrections typed adjacent and initialed in ink by the person signing the proposal. Please identify all attachments, literature and samples, etc., with your firm name and our bid number.
4. Proposals must be verified before submission as they cannot be withdrawn or corrected after being opened. The County will not be responsible for errors or omissions on the part of bidders in making up their proposals. A responsible officer or employee must sign proposals. Tennessee sales tax shall not be included in the Provider's proposal.

C. Proposal Format

Response to this RFP must be in the form of a proposal package that must be submitted in the following format:

1. **Cover Page** – Submit a letter, on letterhead stationary, signed by a duly authorized officer, employee, or agent of the organization/firm submitting the proposal that must include the following information:
 - a. A statement that the proposal is being submitted in response to the Request for Proposal – SHELBY COUNTY HEAD START COMMERCIAL AUTOMOBILE INSURANCE – RFP #06-004-50.
 - b. A statement indicating which individuals, by name, title, address, telephone number, and signature are authorized to negotiate with the County on behalf of the organization/firm.
 - c. A statement certifying that:
 - (i) the Proposer's signatory is an agent authorized to submit proposals on behalf of the organization/firm;
 - (ii) all declarations in the proposal and attachments are true to the best of reasonable knowledge;
 - (iii) all aspects of the proposal, including cost, have been determined independently, without consultation with any other prospective Proposer or competitor for the purpose of restricting competition;
 - (iv) the offer made in the proposal is firm and binding for 90 days after receipt of the proposal by the County; and

- (v) all aspects of this RFP and the proposal submitted are binding for the duration if this proposal is selected and a contract awarded.

2. Cost and Fees

- a. Provide the premiums and fees for the Services.
- b. Explain any assumptions or constraints in a price proposal to perform the Services.
- c. Explain any additional charges or fees.

X. PROPOSAL EVALUATION AND SELECTION

A. Evaluation Process

- 1. Initial Review**—All proposals will be initially evaluated to determine if they meet the following minimum requirements:
 - a. The proposal must be complete, in the required format, and be in compliance with all the requirements of the RFP.
 - b. Proposers must meet the Minimum Proposer Requirements outlined in Section II of this RFP.
- 2. Technical Review** – Proposals meeting the above requirements will be evaluated on the basis of the following criteria:
 - a. Ability to provide the Services in a timely manner (including, but not limited to, providing sufficient personnel, licensing, certification, preliminary and final drawings, specifications, calculations, cost estimates and all such services needed for the full completion of the Services.
 - b. Fees (including any additional charges or fees);
 - c. Experience; and
 - d. Interview (if needed).

Selection will be based on determination of which proposal best meets the needs of the County and the requirements of this RFP.

X. PROPOSAL EVALUATION AND SELECTION

A. Evaluation Process

- 1. Initial Review**—All proposals will be initially evaluated to determine if they meet the following minimum requirements:
 - a. The proposal must be complete, in the required format, and be in compliance with all the requirements of the RFP.
 - b. Proposers must meet the Minimum Proposer Requirements outlined in Section II of this RFP.

2. Technical Review—Proposals meeting the above requirements will be evaluated on the basis of the following criteria:

- a. Understanding of the Services required by the County
- b. Quality and responsiveness of the proposal
- c. Demonstrated competence and professional qualifications necessary for satisfactory performance of the Services required by the County
- d. Recent experience in successfully performing similar Services
- e. Proposed approach in completing the Services
- f. References
- g. Background and related experience of the specific individuals to be assigned to this project
- h. Proposed compensation

B. Contract Award

Contract(s) will be awarded based on a competitive selection of proposals received. The contents of the proposal of the successful Proposer will become contractual obligations and failure to accept these obligations in a contractual agreement may result in cancellation of the award.

The County reserves the right to negotiate any portions of the successful Proposer's fees and scope of work or utilize their own resources for such work.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/11/2006

AGENCY	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
	INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
	PROPERTY		INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
PHONE (A/C, No, Ext):	GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
FAX (A/C, No.):	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
E-MAIL ADDRESS:	CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
CODE:	TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		
SUB CODE:				
AGENCY CUSTOMER ID:				

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION					
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME	07/01/2006	07/01/2007	<input checked="" type="checkbox"/> DIRECT BILL	ANNUAL	
CANCEL					<input type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION			MAILING ADDRESS INCL ZIP+4 (of First Named Insured)			
NAME (First Named Insured & Other Named Insureds) SHELBY COUNTY GOVERNMENT, DIVISION OF COMMUNITY SERVICES DBA SHELBY COUNTY HEAD START			1991 CORPORATE AVENUE, SUITE 600 MEMPHIS, TN 38132			
FEIN OR SOC SEC # (of First Named Insured): 62-6000841			PHONE (A/C, No, Ext): (901)922-0700			
(ENTITY IS COUNTY GOVERNMENT)						
E-MAIL ADDRESS(ES): LOUISE.HORTON@SHELBYCOUNTYTN.GOV			WEBSITE ADDRESS(ES): WWW.SHELBYCOUNTYTN.GOV			
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
PARTNERSHIP	JOINT VENTURE	NO. OF MEMBERS AND MANAGERS				11-24-1819
INSPECTION CONTACT: LOUISE HORTON			ACCOUNTING RECORDS CONTACT: LOUISE HORTON			
PHONE (A/C, No, Ext): (901)545-3173			E-MAIL ADDRESS: SEE ABOVE			
PHONE (A/C, No, Ext): (901)545-3173			E-MAIL ADDRESS: SEE ABOVE			

PREMISES INFORMATION								
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
HEAD START CENTERS - TRANSPORTATION OF STUDENTS AND SUPPLIES.

GENERAL INFORMATION	
EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input checked="" type="checkbox"/> <input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/> <input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input checked="" type="checkbox"/> <input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/> <input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/> <input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/> <input checked="" type="checkbox"/>
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/> <input checked="" type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/> <input checked="" type="checkbox"/>
EXPLAIN ALL "YES" RESPONSES	YES NO
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/> <input checked="" type="checkbox"/>
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/> <input checked="" type="checkbox"/>
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/> <input checked="" type="checkbox"/>
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/> <input checked="" type="checkbox"/>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/> <input checked="" type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)	
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)	
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.	
APPLICANT'S SIGNATURE	DATE
PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

PRIOR CARRIER INFORMATION

LINE	CATEGORY													
GENERAL COMMERCIAL LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE			
	RETRO DATE													
	EFF-EXP DATE													
	GENERAL AGGREGATE													
	PRODUCTS COMP OP AGGREGATE													
	PERSONAL & ADV INJ													
	EACH OCCURRENCE													
	FIRE DAMAGE													
	MEDICAL EXPENSE													
	BODILY INJURY	OCCURRENCE												
		AGGREGATE												
	PROPERTY DAMAGE	OCCURRENCE												
		AGGREGATE												
COMBINED SINGLE LIMIT														
MODIFICATION FACTOR														
TOTAL PREMIUM														
AUTOMOBILITY	CARRIER	PHILADELPHIA				PHILADELPHIA				PHILADELPHIA				
	POLICY NUMBER	PHPK128205				PHPK085954				PHPK053226				
	POLICY TYPE													
	EFF-EXP DATE	07/01/05-07/01/06				07/01/04-07/01/05				07/01/03-07/01/04				
	COMBINED SINGLE LIMIT	1,000,000				1,000,000				1,000,000				
	BODILY INJURY	EA PERSON												
		EA ACCIDENT												
	PROPERTY DAMAGE													
	MODIFICATION FACTOR													
	TOTAL PREMIUM	85921				82711				74578				
PROPERTY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	BUILDING	AMT												
	PERS PROP	AMT												
	MODIFICATION FACTOR													
TOTAL PREMIUM														
	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	<input checked="" type="checkbox"/> SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN CLSD	

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



TENNESSEE COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)
04/11/2006

PRODUCER	APPLICANT (First Named Insured) Shelby County Government dba Shelby County Head Start
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000.00			
	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$			
	<input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	PROPERTY DAMAGE \$			
			PHYSICAL DAMAGE		
			TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$
			COMPREHENSIVE	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	\$500 ded
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	EACH PERSON \$ 5,000.00	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	
UNINSURED/ UNDERINSURED MOTORIST	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000.00 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COLLISION	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	\$1,000 ded
HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES NO TN	COST OF HIRE <input checked="" type="checkbox"/> IF ANY BASIS \$ 5,000.00		STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES NO TN	GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES 25 <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	HIRED PHYSICAL DAMAGE		COMP \$ SPEC C OF L \$ COLL \$
				COVERAGE IS:	PRIMARY SECONDARY
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	<input type="checkbox"/> 41 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$							
	<input type="checkbox"/> 42 <input type="checkbox"/> 47	BI EACH ACCIDENT \$	COMPREHENSIVE	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 47		\$			
	<input type="checkbox"/> 43 <input type="checkbox"/> 50	PROPERTY DAMAGE \$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 47	SCL FT LSP F FTW	\$			
			COLLISION	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 47		\$			
MEDICAL PAYMENTS	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43	EACH PERSON \$	TOWING & LABOR	<input type="checkbox"/> 46	\$				
UNINSURED/ UNDERINSURED MOTORIST	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 45	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
			COMPREHENSIVE	<input type="checkbox"/> 48 <input type="checkbox"/> 49					
			SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 48 <input type="checkbox"/> 49					
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	<input type="checkbox"/> 48 <input type="checkbox"/> 49					\$
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$		STATES # DAYS # VEH					
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	HIRED PHYSICAL DAMAGE						
				COVERAGE IS:			PRIMARY		SECONDARY
OTHER			OTHER						
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY					

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
LIABILITY	61	67	CSL	BI	EA PER	\$	COMPREHENSIVE	62	67				
	62	68	BI EACH ACCIDENT	\$	63	68							
	63	71	PROPERTY DAMAGE	\$	64								
	64												
							SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
								63	68	F	FTW		\$
								64					
							COLLISION	62	67				
								63	68				\$
								64					
MEDICAL PAYMENTS	62	64	EACH PERSON	\$			TOWING & LABOR	63		\$			
	63	67						67					
UNINSURED/ UNDERINSURED MOTORIST	62	66	CSL	BI	EA PER	\$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT	\$			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	64		PROPERTY DAMAGE	\$			COMPREHENSIVE	69					
								70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE		IF ANY BASIS		COLLISION	69					\$
	NO		\$					70					
HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE		IF ANY BASIS		HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$										
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF									
	NO		EMPLOYEES										
			VOLUNTEERS										
			PARTNERS										
OTHER							OTHER						
COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY													

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR UM PROPERTY DAMAGE COVERAGES ENTIRELY.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. SCG _____ (INITIALS)
2. I REJECT UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
3. I REJECT ONLY UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	
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COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE
04/11/2006

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	SHELBY COUNTY GOVERNMENT DBA SHELBY COUNTY HEAD START
	FAX (A/C, No):		
	FOR COMPANY USE ONLY		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID:			

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.													
DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	ADRIAN MULLINS	M		10/18/1983			92081222	TN		<input type="checkbox"/>	<input type="checkbox"/>		
2	AREMENTRA YOUNG	F		11/10/1957			58939927	TN		<input type="checkbox"/>	<input type="checkbox"/>		
3	BARBARA RUDD	F		07/03/1950			51023170	TN		<input type="checkbox"/>	<input type="checkbox"/>		
4	BEVERLY SULLIVAN	F		04/23/1949			46019130	TN		<input type="checkbox"/>	<input type="checkbox"/>		
5	ELESTER CHAMBERS	M		11/12/1959			55443581	TN		<input type="checkbox"/>	<input type="checkbox"/>		
6	EXIE STEVENSON	F		09/20/1966			91821281	TN		<input type="checkbox"/>	<input type="checkbox"/>		
7	GEORGE HUDSON	M		01/09/1953			43676245	TN		<input type="checkbox"/>	<input type="checkbox"/>		
8	GRETA MATTHEWS	F		05/29/1968			65953421	TN		<input type="checkbox"/>	<input type="checkbox"/>		
9	KENYA OWENS	F		02/05/1973			71442390	TN		<input type="checkbox"/>	<input type="checkbox"/>		
10	LAURA LOVE	F		05/01/1961			061570837	TN		<input type="checkbox"/>	<input type="checkbox"/>		
11	LEONARD LAWSON	M		10/18/1950			39215896	TN		<input type="checkbox"/>	<input type="checkbox"/>		
12	MAGGIE TIPTON	F		02/12/1952			43573837	TN		<input type="checkbox"/>	<input type="checkbox"/>		
13	MARY PILOT	F		10/07/1946			30872258	TN		<input type="checkbox"/>	<input type="checkbox"/>		
14	MICHAEL GLOVER	M		03/06/1959			51771729	TN		<input type="checkbox"/>	<input type="checkbox"/>		
15	NAKIE HARDY	F		11/12/1979			99283343	TN		<input type="checkbox"/>	<input type="checkbox"/>		
16	PATRICIA DOUGLAS	F		04/11/1956			47128455	TN		<input type="checkbox"/>	<input type="checkbox"/>		
17	PATRICIA MAXWELL	F		06/17/1950			45106543	TN		<input type="checkbox"/>	<input type="checkbox"/>		
18	RICHARD HAYNES	M		01/16/1950			42647721	TN		<input type="checkbox"/>	<input type="checkbox"/>		
19	SAMUEL HURNS, III	M		11/09/1964			59130714	TN		<input type="checkbox"/>	<input type="checkbox"/>		
20	SHIRLEY DAVIS	F		02/03/1954			50185745	TN		<input type="checkbox"/>	<input type="checkbox"/>		
21	TERI DALTON	F		11/23/1969			83135981	TN		<input type="checkbox"/>	<input type="checkbox"/>		
22	WALTER MISTER	M		01/03/1950			51710002	TN		<input type="checkbox"/>	<input type="checkbox"/>		
23	RONALD BROWN	M		07/21/1951			108897937	TN		<input type="checkbox"/>	<input type="checkbox"/>		
24	HOSEA PATTERSON	M		02/12/1974			075803991	TN		<input type="checkbox"/>	<input type="checkbox"/>		



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
04/11/2006

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured) SHELBY COUNTY GOVERNMENT DBA SHELBY COUNTY HEAD START
All vehicles used for transportation of students to centers and occasional field trips except service vehicles as noted.		EFFECTIVE DATE 07/01/2006
CODE:		EXPIRATION DATE 07/01/2007
SUB CODE:		DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL
AGENCY CUSTOMER ID		PAYMENT PLAN ANNUAL
		AUDIT
FOR COMPANY USE ONLY		

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: DODGE	BODY TYPE: VAN (seats removed/service use)	VEHICLE TYPE	SYM/AGE	COST NEW
1	2002	MODEL: MAXI WAGON	V.I.N.: 2B5WB35Z02K120324	PP SPEC COML	/5	\$ 19,091.65
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC
MEMPHIS, TN 38112		TN	001	5000		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L	RENT REIMB FG
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW
DEDUCTIBLES						ACV
<input type="checkbox"/> AA <input type="checkbox"/> ST AMT						<input checked="" type="checkbox"/> COMP
\$						\$ 500.00
\$						\$ 1,000.00 COLL
TOTAL PREM \$						
VEH #	YEAR	MAKE: Ford	BODY TYPE: bus	VEHICLE TYPE	SYM/AGE	COST NEW
2	2002	MODEL: shuttle bus	V.I.N.: 1FDWE35L72HA01291	PP SPEC COML	/5	\$ 40,474.00
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC
MEMPHIS, TN 38112		TN	001			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L	RENT REIMB FG
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW
DEDUCTIBLES						ACV
<input type="checkbox"/> AA <input type="checkbox"/> ST AMT						<input checked="" type="checkbox"/> COMP
\$						\$ 500.00
\$						\$ 1,000.00 COLL
TOTAL PREM \$						
VEH #	YEAR	MAKE: CHEVROLET	BODY TYPE: VAN	VEHICLE TYPE	SYM/AGE	COST NEW
3	2002	MODEL: EXPRESS	V.I.N.: 1GBJG31R121130131	PP SPEC COML	/5	\$ 56,000.00
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC
MEMPHIS, TN 38112		TN	001		6842	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L	RENT REIMB FG
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW
DEDUCTIBLES						ACV
<input type="checkbox"/> AA <input type="checkbox"/> ST AMT						<input checked="" type="checkbox"/> COMP
\$						\$ 500.00
\$						\$ 1,000.00 COLL
TOTAL PREM \$						
VEH #	YEAR	MAKE: INTERNATIONAL	BODY TYPE: AMTRAN BUS	VEHICLE TYPE	SYM/AGE	COST NEW
4	1994	MODEL: 65 PASSENGER BUS	V.I.N.: 1HBVBAZRNR8RH567431	PP SPEC COML	/6	\$ 40,000.00
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC
MEMPHIS, TN 38112		TN	001		6484	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L	RENT REIMB FG
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW
DEDUCTIBLES						ACV
<input type="checkbox"/> AA <input type="checkbox"/> ST AMT						<input checked="" type="checkbox"/> COMP
\$						\$ 500.00
\$						\$ 1,000.00 COLL
TOTAL PREM \$						
VEH #	YEAR	MAKE: INTERNATIONAL	BODY TYPE: AMTRAN BUS	VEHICLE TYPE	SYM/AGE	COST NEW
5	1994	MODEL: 65 PASSENGER BUS	V.I.N.: 1HBVBAZRNXRH567432	PP SPEC COML	/6	\$ 40,000.00
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC
MEMPHIS, TN 38112		TN	001		6484	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L	RENT REIMB FG
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW
DEDUCTIBLES						ACV
<input type="checkbox"/> AA <input type="checkbox"/> ST AMT						<input checked="" type="checkbox"/> COMP
\$						\$ 500.00
\$						\$ 1,000.00 COLL
TOTAL PREM \$						
VEH #	YEAR	MAKE: DODGE	BODY TYPE: VAN	VEHICLE TYPE	SYM/AGE	COST NEW
6	1995	MODEL: RAM MAXI WAGON	V.I.N.: 2B5WB35Z7SK547435	PP SPEC COML	/6	\$ 20,000.00
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC
MEMPHIS, TN 38112		TN	001		6482	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRLNS MOTOR TOWING & LABOR SPEC C OF L	RENT REIMB FG
<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT
<input type="checkbox"/> 15 MILES +	<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW
DEDUCTIBLES						ACV
<input type="checkbox"/> AA <input type="checkbox"/> ST AMT						<input checked="" type="checkbox"/> COMP
\$						\$ 500.00
\$						\$ 1,000.00 COLL
TOTAL PREM \$						



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
04/11/2006

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured) SHELBY COUNTY GOVERNMENT DBA SHELBY COUNTY HEAD START			
EFFECTIVE DATE 07/01/2006		EXPIRATION DATE 07/01/2007	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN ANNUAL	AUDIT
CODE:		FOR COMPANY USE ONLY			
SUB CODE:					
AGENCY CUSTOMER ID					

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: DODGE	BODY TYPE: VAN	VEHICLE TYPE	SYM/AGE	COST NEW						
7	1995	MODEL: RAM MAXI WAGON 3500	V.I.N.: 2B5WB35Z9SK547436	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	/6	\$ 20,000.00						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
MEMPHIS, TN 38112		TN	001		6482			15	L	asset 950772		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	FG	AA <input type="checkbox"/> ST AMT		\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FREIGHTLINER	BODY TYPE: BUS	VEHICLE TYPE	SYM/AGE	COST NEW						
8	2005	MODEL: THOMAS	V.I.N.: 4UZAAXCSX5CN52002	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	/2	\$ 57,000.00						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
MEMPHIS, TN 38112		TN	001					30	L	asset 953183		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	FG	AA <input type="checkbox"/> ST AMT		\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FREIGHTLINER	BODY TYPE: BUS	VEHICLE TYPE	SYM/AGE	COST NEW						
9	2005	MODEL: THOMAS 66 passenger	V.I.N.: 4UZAAXCS15CN52004	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	/2	\$ 59,000.00						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
MEMPHIS, TN 38112		TN	001		6484			70	L	asset 931382		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	FG	AA <input type="checkbox"/> ST AMT		\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE	SYM/AGE	COST NEW						
10	1995	MODEL: 65 PASSENGER BUS	V.I.N.: 1FDP880C45VA43663	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	/6	\$ 40,000.00						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
MEMPHIS, TN 38112		TN	001		6484			70	L	asset 950628		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	FG	AA <input type="checkbox"/> ST AMT		\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE	SYM/AGE	COST NEW						
11	1995	MODEL: 65 PASSENGER BUS	V.I.N.: 1FDP880C65VA43664	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	/6	\$ 40,000.00						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
MEMPHIS, TN 38112		TN	001		6484			70	L	asset 950629		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	FG	AA <input type="checkbox"/> ST AMT		\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE	SYM/AGE	COST NEW						
12	1995	MODEL: 65 PASSENGER BUS	V.I.N.: 1FDP880C85VA43665	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	/6	\$ 40,000.00						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
MEMPHIS, TN 38112		TN	001		6484			70	L	asset 950630		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY	TOWING & LABOR	FT	<input checked="" type="checkbox"/> COMP	FG	AA <input type="checkbox"/> ST AMT		\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR	SPEC C OF L	FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
04/11/2006

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	SHELBY COUNTY GOVERNMENT DBA SHELBY COUNTY HEAD START				
	FAX (A/C, No):		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
			07/01/2006	07/01/2007	<input checked="" type="checkbox"/>	AGENCY BILL	ANNUAL
CODE:		SUB CODE:		FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID							

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE		SYM/AGE	COST NEW					
13	1995	MODEL: 65 PASSENGER BUS	V.I.N.: 1FDP880CXSA43666	PP	SPEC	COML	/6	\$ 40,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001		6484			70	L	asset 950631	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL				\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: CHEVROLET	BODY TYPE: BUS	VEHICLE TYPE		SYM/AGE	COST NEW					
14	1995	MODEL: 23 PASSENGER BUS	V.I.N.: 1GBHG31K45F206202	PP	SPEC	COML	/6	\$ 40,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001		6483			30	L	asset 953181	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL				\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: INTERNATIONAL	BODY TYPE: BUS	VEHICLE TYPE		SYM/AGE	COST NEW					
15	1996	MODEL: 65 PASSENGER BUS	V.I.N.: 1VHBBABP4TH346832	PP	SPEC	COML	/6	\$ 65,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38134	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001		6484			70	L	asset 953168	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL				\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: INTERNATIONAL	BODY TYPE: BUS	VEHICLE TYPE		SYM/AGE	COST NEW					
16	1996	MODEL: 65 PASSENGER BUS	V.I.N.: 1HVBABP2TH346831	PP	SPEC	COML	/6	\$ 65,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001		6484			70	L	asset 953167	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL				\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FORD	BODY TYPE: ECONOLINE	VEHICLE TYPE		SYM/AGE	COST NEW					
17	1996	MODEL: UTILITY	V.I.N.: 1FTFE24H7THA73072	PP	SPEC	COML	/6	\$ 20,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001	5000	01499				L	asset 960850	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL				\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FORD	BODY TYPE: ECONOLINE	VEHICLE TYPE		SYM/AGE	COST NEW					
18	1996	MODEL: UTILITY	V.I.N.: 1FTRE24H5THA73071	PP	SPEC	COML	/6	\$ 20,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001	5000	01499				L	asset 960849	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE		UNINS MOTOR		FTW	COLL				\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
04/11/2006

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured) SHELBY COUNTY GOVERNMENT DBA SHELBY COUNTY HEAD START			
EFFECTIVE DATE 07/01/2006		EXPIRATION DATE 07/01/2007	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL	PAYMENT PLAN ANNUAL	AUDIT
CODE:		SUB CODE:			
AGENCY CUSTOMER ID		FOR COMPANY USE ONLY			

VEHICLE DESCRIPTION

VEH # 19	YEAR 1996	MAKE: INTERNATIONAL MODEL: 35 PASSENGER BUS	BODY TYPE: BUS V.I.N.: 1HVBBABM7TH346829	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE /6	COST NEW \$ 65,000.00				
CITY, STATE, ZIP WHERE GARAGED MEMPHIS, TN 38112		LIC STATE TN	TERR 001	GVW/GCW	CLASS 6483	SIC	FACTOR	SEAT CP 40	RADIUS L	FARTHEST TERM asset 953179
DRIVE TO WORK/SCHOOL < 15 MILES 15 MILES +	USE PLEASURE FARM	COMM'L RETAIL SERVICE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input checked="" type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP <input checked="" type="checkbox"/> COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP SPEC C OF L
NET VEH DR/CR:										TOTAL PREM \$
VEH # 20	YEAR 1996	MAKE: INTERNATIONAL MODEL: 35 PASSENGER BUS	BODY TYPE: BUS V.I.N.: 1HVBBABM3TH346830	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE /6	COST NEW \$ 65,000.00				
CITY, STATE, ZIP WHERE GARAGED MEMPHIS, TN 38112		LIC STATE TN	TERR 001	GVW/GCW	CLASS 6483	SIC	FACTOR	SEAT CP 40	RADIUS L	FARTHEST TERM asset 953180
DRIVE TO WORK/SCHOOL < 15 MILES 15 MILES +	USE PLEASURE FARM	COMM'L RETAIL SERVICE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input checked="" type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP <input checked="" type="checkbox"/> COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP SPEC C OF L
NET VEH DR/CR:										TOTAL PREM \$
VEH # 21	YEAR 1996	MAKE: FORD MODEL: CUTAWAY TRUCK	BODY TYPE: BUS V.I.N.: 1FDLE47G5THB52396	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE /6	COST NEW \$ 40,000.00				
CITY, STATE, ZIP WHERE GARAGED MEMPHIS, TN 38112		LIC STATE TN	TERR 001	GVW/GCW 5000	CLASS 01499	SIC	FACTOR	SEAT CP L	RADIUS L	FARTHEST TERM asset 95855
DRIVE TO WORK/SCHOOL < 15 MILES 15 MILES +	USE PLEASURE FARM	COMM'L RETAIL SERVICE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input checked="" type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP <input checked="" type="checkbox"/> COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP SPEC C OF L
NET VEH DR/CR:										TOTAL PREM \$
VEH # 22	YEAR 1999	MAKE: CHEVROLET MODEL: UTILITY VAN	BODY TYPE: VAN V.I.N.: 1GCFC15M6X1076115	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE /6	COST NEW \$ 40,000.00				
CITY, STATE, ZIP WHERE GARAGED MEMPHIS, TN 38112		LIC STATE TN	TERR 001	GVW/GCW 5000	CLASS 01499	SIC	FACTOR	SEAT CP L	RADIUS L	FARTHEST TERM asset 01226
DRIVE TO WORK/SCHOOL < 15 MILES 15 MILES +	USE PLEASURE FARM	COMM'L RETAIL SERVICE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input checked="" type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP <input checked="" type="checkbox"/> COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP SPEC C OF L
NET VEH DR/CR:										TOTAL PREM \$
VEH # 23	YEAR 2001	MAKE: CHRYSLER MODEL: VOYAGER	BODY TYPE: VAN V.I.N.: 1C4GJ25GX1B104515	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE /6	COST NEW \$ 22,920.00				
CITY, STATE, ZIP WHERE GARAGED MEMPHIS, TN 38112		LIC STATE TN	TERR 001	GVW/GCW	CLASS 7398	SIC	FACTOR	SEAT CP 5	RADIUS L	FARTHEST TERM asset 104315
DRIVE TO WORK/SCHOOL < 15 MILES 15 MILES +	USE PLEASURE FARM	COMM'L RETAIL SERVICE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input checked="" type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP <input checked="" type="checkbox"/> COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP SPEC C OF L
NET VEH DR/CR:										TOTAL PREM \$
VEH # 24	YEAR 2002	MAKE: THOMAS MODEL: 25 PASSENGER HANDICAP	BODY TYPE: BUS V.I.N.: 1GDJC31R311178636	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>	SYM/AGE /6	COST NEW \$ 42,997.00				
CITY, STATE, ZIP WHERE GARAGED MEMPHIS, TN 38112		LIC STATE TN	TERR 001	GVW/GCW	CLASS 6482	SIC	FACTOR	SEAT CP 15	RADIUS L	FARTHEST TERM asset 900542
DRIVE TO WORK/SCHOOL < 15 MILES 15 MILES +	USE PLEASURE FARM	COMM'L RETAIL SERVICE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input checked="" type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP <input checked="" type="checkbox"/> COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP SPEC C OF L
NET VEH DR/CR:										TOTAL PREM \$



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
04/11/2006

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	SHELBY COUNTY GOVERNMENT DBA SHELBY COUNTY HEAD START				
	FAX (A/C, No):		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
			07/01/2006	07/01/2007	<input checked="" type="checkbox"/> AGENCY BILL	ANNUAL	
CODE:		SUB CODE:		FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID							

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: CHEVROLET	BODY TYPE: BUS	VEHICLE TYPE		SYM/AGE	COST NEW					
25	2003	MODEL: STURDI-BUS	V.I.N.: 1GBJG31U631113991	PP	SPEC	COML	/4	\$ 52,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001		6482			15	L	asset 900543	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FREIGHTLINER	BODY TYPE: BUS	VEHICLE TYPE		SYM/AGE	COST NEW					
26	2002	MODEL: 42 PASSENGER BUS	V.I.N.: 4UZAAXBV42CJ64979	PP	SPEC	COML	/5	\$ 45,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001		6483			47	L	asset 953182	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FREIGHTLINER/THOMAS	BODY TYPE: BUS	VEHICLE TYPE		SYM/AGE	COST NEW					
27	2002	MODEL: 66 PASSENGER BUS	V.I.N.: 4UZAAXBV32CKO1777	PP	SPEC	COML	/5	\$ 52,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001		6484			70	L	asset 953169	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FREIGHTLINER/THOMAS	BODY TYPE: BUS	VEHICLE TYPE		SYM/AGE	COST NEW					
28	2002	MODEL: 66 PASSENGER BUS	V.I.N.: 4UZAAXBV52CKO1778	PP	SPEC	COML	/5	\$ 52,000.00				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001		6484			70	L	asset 953170	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FORD	BODY TYPE: CARGO VAN	VEHICLE TYPE		SYM/AGE	COST NEW					
29	2006	MODEL: ECONOLINE	V.I.N.: 1FTNE24WX6DA30514	PP	SPEC	COML	/1	\$ 14,911.68				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001	5000					L	asset 050961	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	<input checked="" type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	
VEH #	YEAR	MAKE: FORD	BODY TYPE: CARGO VAN	VEHICLE TYPE		SYM/AGE	COST NEW					
30	2006	MODEL: ECONOLINE	V.I.N.: 1FTNE24W16DA30515	PP	SPEC	COML	/1	\$ 14,911.68				
CITY, STATE, ZIP WHERE GARAGED		MEMPHIS, TN 38112	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
			TN	001	5000					L	asset 050962	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP		AA	ST AMT	\$ 500.00	
15 MILES +	FARM	<input checked="" type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$		\$ 1,000.00	COLL
NET VEH DR/CR:											TOTAL PREM \$	



VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
04/11/2006

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured) SHELBY COUNTY GOVERNMENT DBA SHELBY COUNTY HEAD START			
EFFECTIVE DATE 07/01/2006		EXPIRATION DATE 07/01/2007	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN ANNUAL	AUDIT
CODE:		SUB CODE:			
AGENCY CUSTOMER ID		FOR COMPANY USE ONLY			

VEHICLE DESCRIPTION

VEH # 31	YEAR 2006	MAKE: FORD MODEL: ECONOLINE	BODY TYPE: CARGO VAN V.I.N.: 1FTNE24W36DA30516	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM/AGE /1	COST NEW \$ 14,911.68				
CITY, STATE, ZIP WHERE GARAGED MEMPHIS, TN 38112		LIC STATE TN	TERR 001	GVW/GCW 5000	CLASS	SIC	FACTOR	SEAT CP	RADIUS L	FARTHEST TERM asset 050963
DRIVE TO WORK/SCHOOL <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input checked="" type="checkbox"/> SERVICE	CHECK COVERAGES <input checked="" type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input checked="" type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP SPEC C OF L \$ 500.00 \$ 1,000.00 COLL
NET VEH DR/CR:						TOTAL PREM \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM/AGE	COST NEW				
MODEL:		V.I.N.:								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP SPEC C OF L \$ \$ COLL
NET VEH DR/CR:						TOTAL PREM \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM/AGE	COST NEW				
MODEL:		V.I.N.:								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP SPEC C OF L \$ \$ COLL
NET VEH DR/CR:						TOTAL PREM \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM/AGE	COST NEW				
MODEL:		V.I.N.:								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP SPEC C OF L \$ \$ COLL
NET VEH DR/CR:						TOTAL PREM \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM/AGE	COST NEW				
MODEL:		V.I.N.:								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP SPEC C OF L \$ \$ COLL
NET VEH DR/CR:						TOTAL PREM \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM/AGE	COST NEW				
MODEL:		V.I.N.:								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP SPEC C OF L \$ \$ COLL
NET VEH DR/CR:						TOTAL PREM \$				
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM/AGE	COST NEW				
MODEL:		V.I.N.:								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL <input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +	USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	CHECK COVERAGES <input type="checkbox"/> LIAB NO- FAULT	ADD'L NO- FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP COLL	RENT REIMB FG	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	ACV <input type="checkbox"/> COMP SPEC C OF L \$ \$ COLL
NET VEH DR/CR:						TOTAL PREM \$				



Report - CLR00060

Account 75181 Shelby County Head Start, Inc.

Product NP Non-profit Package

Policy Number PHPK053226 07/01/2003 TO 07/01/2004

<u>Claim Number</u>	<u>Claimant/Driver Name</u>	<u>Loss Type</u>	<u>Status</u>	<u>Loss Date</u>	<u>Open</u>	<u>Closed</u>	<u>Loss/Exps Paid</u>	<u>Subro/Sal Recovered</u>	<u>Rep</u>
PHNP03090117545	PHILIPPE FRIDLAND	COMBINED PROPERTY DAMAGE	CL	08/26/2003	09/02/2003	09/16/2003	1,205.08	0.00	Lawall
PHNP03090119067	TIFFANY CONNER	COMBINED PROPERTY DAMAGE	CL	09/17/2003	09/19/2003	11/04/2003	1,768.00	0.00	Powell
PHNP03110124401	Shelby County Head Start, Inc.	Collision	CL	11/04/2003	11/20/2003	12/23/2003	2,997.96	0.00	Philipp
PHNP04020131204	Shelby County Head Start, Inc.	Collision	CL	01/29/2004	02/10/2004	04/05/2004	2,309.10	0.00	Griffith

Total Number of Claims For Policy PHPK053226 4

Total Loss/Exp Paid: 8,280.14

Salv/Subro Recovered: 0.00

Total Reserves: 0.00



Report - CLR00060

Account 75181 SHELBY COUNTY GOV, DIV OF COMM SVCS, SHELBY

Product NP Non-profit Package

Policy Number PHPK085954 07/01/2004 TO 07/01/2005

<u>Claim Number</u>	<u>Claimant/Driver Name</u>	<u>Loss Type</u>	<u>Status</u>	<u>Loss Date</u>	<u>Open</u>	<u>Closed</u>	<u>Loss/Exps Paid</u>	<u>Subro/Sal Recovered</u>	<u>Rep</u>
PHNP04110159315	TYRONE GLOIN	COMBINED PROPERTY DAMAGE	CL	11/16/2004	11/17/2004	01/17/2005	2,976.00	0.00	Falcone
PHNP04120161454	ANGELINE JOY	Bodily Injury	CL	12/09/2004	12/13/2004	03/09/2005	3,584.00	0.00	Nordo
PHNP04120161454	ANNIE JOHNSON	Bodily Injury	CL	12/09/2004	12/13/2004	03/09/2005	0.00	0.00	Nordo
PHNP04120161454	ANGELINE JOY	COMBINED PROPERTY DAMAGE	CL	12/09/2004	12/13/2004	03/09/2005	91.00	0.00	Nordo
PHNP04120161465	HELEN DANIELS	COMBINED PROPERTY DAMAGE	CL	12/10/2004	12/10/2004	01/28/2005	5,005.48	0.00	Maillie
PHNP05040176380	Jameria Gibbs	Medical Payment	CL	04/25/2005	04/29/2005	11/17/2005	0.00	0.00	Lamela
PHNP05040176380	SHELBY COUNTY GOV, DIV OF COMM SVCS, SHELBY COUNTY HEAD START		CL	04/25/2005	04/29/2005	11/17/2005	0.00	0.00	Lamela
PHNP05040176380	Jameria Gibbs	Bodily Injury	CL	04/25/2005	04/29/2005	11/17/2005	1,000.00	0.00	Lamela
PHNP05050176561	KARVINE DAVIS	Bodily Injury	OP	04/29/2005	05/02/2005		10,000.00	0.00	Valerio
PHNP05050176561	SHANTAY WARD	Bodily Injury	OP	04/29/2005	05/02/2005		0.00	0.00	Valerio
PHNP05050176561	SHANTAY WARD	COMBINED PROPERTY DAMAGE	OP	04/29/2005	05/02/2005		7,085.81	0.00	Valerio

Total Number of Claims For Policy PHPK085954 5

Total Loss/Exp Paid: 29,742.29

Salv/Subro Recovered: 0.00

Total Reserves: 6,600.00



Report - CLR00060

Account 75181 Shelby County Head Start, Inc.

Product NP Non-profit Package

Policy Number PHPK128205 07/01/2005 TO 07/01/2006

<u>Claim Number</u>	<u>Claimant/Driver Name</u>	<u>Loss Type</u>	<u>Status</u>	<u>Loss Date</u>	<u>Open</u>	<u>Closed</u>	<u>Loss/Exps Paid</u>	<u>Subro/Sal Recovered</u>	<u>Rep</u>
PHNP05100194898	EDWARD BOYD	COMBINED PROPERTY DAMAGE	CL	10/07/2005	10/10/2005	10/19/2005	1,473.64	0.00	Schramm
PHNP06010204941	LAKESHIA HOLMES	COMBINED PROPERTY DAMAGE	CL	01/09/2006	01/09/2006	01/18/2006	2,494.13	0.00	Schramm

Total Number of Claims For Policy PHPK128205 2

Total Loss/Exp Paid: 3,967.77

Salv/Subro Recovered: 0.00

Total Reserves: 0.00



Philadelphia
Insurance Companies

Customer Loss Detail Report
GRAND TOTALS

03/09/2006
08:46 am

Account 75181

Total Claims For Account 11

Total Loss/Exp Paid: 41,990.20
Salv/Subro Recovered: 0.00
Total Reserves: 6,600.00